## BEST AVAILABLE COPY

**Application or Docket Number** 

Effective December 29, 1999  9/48 8/5 5															
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OTHER THAT						
FC	DR 	-	NUMBER FILED			NUMBER EXTRA			RATE	=	FEE	1	RATE	FEE	
BA	SIC FEE										345.00	OR		690.00	
TC	TAL CLAIMS			Minus	20=	•			X\$ 9	=		OR	X\$18=		
INC	EPENDENT CL	AIMS		3 minus	3 =	•			X39=			OR	X78=	:	
MULTIPLE DEPENDENT CLAIM PRESENT										_		1	+260=		
* If	the difference	ımn 1 is l	less than ze		+130		200	OR		-					
CLAIMS AS AMENDED - PART II									TOTA	<b>∟</b>	-345/	OR	TOTAL		
(Column 1) (Column 2) (Column 3)									OTHER THAN SMALL ENTITY OR SMALL ENTITY						
AMENDMENT A		REM.	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	*		Minus	**		=	·	X\$ 9=	-		OR	X\$18=		
AME	Independent	*		Minus ***			=		X39=			OR	X78=	1	
	FIRST PRESE	NTATIC	ON OF MU	JLTIPLE DEF	PEND	ENT CLAIM		t	+130=				+260=	and the state of t	
	(Co		·					L	TOT/		± - · · ·	OR	TOTAL		
			· ····································			(Column 2) (Column 3)		A	DDIT. FE			OR	ADDIT. FEE		
m		(Column 1) CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3)				ADDI-		and the second	ADDI-		
ENT B						REVIOUSLY	PRESENT EXTRA	r	RATE		TIONAL FEE	1	RATE	TIONAL FEE	
MENDMENT	Total	•		Minus **			=		X\$ 9=			OR	X\$18=		
AME	Independent	*		Minus *		. =		Ī	X39=		- 74	OR	X78=		
_	FIRST PRESÉ	NTATIC	N OF MU	JLTIPLE DEI	PEND	ENT CLAIM		┢	400	-	*/			-	
							L		+130=			OR	_+260=		
		•				`.	ADI		TOT/ DDIT. FE		•	OR	TOTAL ADDIT. FEE		
	RESERVED AND AND AND AND AND AND AND AND AND AN		umn 1) AIMS	E service to acce		olumn 2) HIGHEST	(Column 3)		- *				, , 	1	
AMENDMENT C		REM. AF	AINING TER IDMENT		. I	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total			Minus	**		=		X\$ 9=	1		OR	X\$18=	TLE.	
	Independent			Minus **				$\vdash$	X39=	+			X78=		
*	FIRST PRESENTATION OF MULTIPLE DEF					ENT CLAIM		-	703=	$\dashv$		OR	A/0=		
• 1	If the entry in colu	mn 1 is l	ess than th	e entry in colu	mr 2	write "O" in col	uma 3	L	+130=			OR	+260=		
<ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."</li> </ul>											OR	TOTAL ADDIT. FEE			
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.															



## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

			INCUIVE	wieber.	1, 200							
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTITY	OR	OTHER SMALL	
FO	R		NUMBE	RFILED	NUMBER	EXTRA	RA	TE	FEE		RATE	FEE
BAS	SIC FEE								<b>\$ 3</b> 55	OR		\$710
TO	TAL CLAIMS		21	minus 2	0= <b>*</b> /		X\$	9=		OR	X\$18=	1800
IND	EPENDENT CL	AIMS	3	minus :	3 = *		X4	<b>0</b> =		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								35 =		OR	+270=	
* If	the difference	ımn 1 is le	ess than ze	ТО	TAL		OR	TOTAL	128.00			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ENTITY	OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CL REM Al	AIMS AINING TER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R/	πE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
IDME	Total	*		Minus	**	=	X\$	9=		OR	X\$18=	
MEN	Independent	*		Minus	***	=	X!	10=		OR	X80=	
	FIRST PRESE	NTATIO	ON OF MU	LTIPLE DEF	PENDENT CLAIM	М	+13	 15 =		OR	+270=	
										OR	TOTAL ADDIT, FEE	
		umn 1)		ADDÎ	. r LL		<b>4</b>					
AMENDMENT B		REA A	AIMS MAINING FTER NDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R/	NTE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON NO	Total	*	·	Minus	**	=	X	9=		OR	X\$18=	
AME	Independent	*	<u> </u>	Minus	***	=	X	to=		OR	X80=	
$\vdash$	FIRST PRESE	NIAII	ON OF MI	JETIPLE DE	PENDENT CLAI	W	+1	3 <b>5</b> =		OR	+270=	
							ADDI	TOTAL T. FEE		OR	TOTAL ADDIT. FEE	
		(Co	lumn 1)		(Column 2)	(Column 3)						
AMENDMENT C		REI A	LAIMS MAINING IFTER NOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
M	Total	*		Minus	**	=	X	9=		OR	X\$18=	
MEN	Independent	*		Minus	***	=	X <sup>i</sup>	<i>10:=</i>	<del> </del>	OR	X80=	
[ ]	FIRST PRESE	NTAT	ON OF M	ULTIPLE DE	PENDENT CLAI	М	<b>I</b> ├─		<del> </del>	1	-	1
						antuma O		35 =		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												